JAN 3 9 2004

Hinder the Paperwork Reduction Agric 128

PTO/SB/62 (09-03)
Approved for use through 11/30/2003, OMB 0651-0035
U.S. Palsett and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unities it sleptave a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numb

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

NOTICE TO BE CONTROLLED TO THE CONTROL OF THE CONTR	<u> </u>				
Application Number	09/995,012				
Filing Date	11/26/2001				
First Named Inventor	Peter M. von Dyck				
Art Unit	3761				
Examiner Name	LEWIS, KIM M.				
Attorney Docket Number	713072.28				

The address associated with Customer Number: OR Firm or Individual Name Rebecca J. Brandau Husch & Eppenbengar, LLC	I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint the practitioners associated with the Customer Number: 29493	A Power of Attorney	is submitted herawith.						
The address associated with Customer Number: OR Firm or Rebecca J. Brandau Husch & Eppenbergar, LLC Address 190 Cerondelet Plaza Address Suits 600 City St. Louis State Missouri Zip 63105 Country USA Telephone (314) 480-1600 Fax (314) 480-1505 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96) SIGNATURE of Applicant or Assignee of Record Name Peter M. yon Dyrk, Presiberty Zassi Medical Evolutions, Inc. Signature Date NOTE: Signatures of all the inventors or assignous of record of the entire interest or their representative(s) are required. Submit multiple formal if more than one								
Firm or Individual Name Rebects J. Brandau Husch & Eppenberger, LLC Address 190 Ceronatelet Plaza Address Suite 600 City St. Louis State Missouri Zip e3105 Country USA Telephone (314) 480-1800 Fax (314) 480-1505 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Peter M. von Dyck, President/ Zassi Medical Evolutions, Inc. Signature Date 1-21-04 Telephone (804) 281-2169 NOTE: Signatures of ell the inventors or assignees of record of the entire then one	The address associated with Customer Number:							
Individual Name Husch & Eppenberger, LLC Address 190 Ceronadelet Plaza Address Suite 600 City St. Louis State Missouri Zip e3105 Country USA Telephone (314) 480-1800 Fax (314) 480-1505 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Peter M. yen Dyrk, President, Zassi Medical Evolutions, Inc. Signature Date 1-21-04 Telephone (804) 281-2169 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple formal if more than one		Polonia I Baradan						
Address Suits 600 City St. Louis State Missouri Zip e3105 Country USA Telephone (314) 480-1500 Fax (314) 480-1505 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95) SIGNATURE of Applicant or Assignee of Record Name Peter M., von Dyrk. President/ Zassi Medical Evolutions, Inc. Signature Date 1-21-04 Telephone (804) 281-2169 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one	101							
City St. Louis State Missouri Zlp e3105 Country USA Telephone (314) 480-1600 Fax (314) 480-1505 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Peter M. von Dyrk, President/- Zassi Medical Evolutions, Inc. Signature Date 1-21-54 Telephone (904) 291-2199 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one	Address	180 Cerondelet Plaza						
Telephone (314) 480-1600 Fax (314) 480-1505 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Peter M. von Dysk, President Zassi Medical Evolutions, Inc. Signature Date 1-21-54 Telephone (804) 281-2189 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one	Address	Sufts 600						
Telephone (314) 480-1600 Fax (314) 480-1505 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Peter M. von Dyrk, President Zassi Medical Evolutions, Inc. Signature Date 1-21-84 Telephone (804) 281-2169 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forma if more than one	City	St. Louis	State	Missouri	Zlp	63105		
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95) SIGNATURE of Applicant or Assignee of Record Name Peter M. you Dyrk, President- Zassi Medical Evolutions, Inc. Signature Date 1-21-54 Telephone (904) 281-2169 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one	Country	USA			·			
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Peter M. von Dyrk, President Zassi Medical Evolutions, Inc. Signature Date 1-21-84 Telephone (804) 281-2169 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple formal if more than one	Telephone	(314) 480-1600	Fax	(314) 480-1505				
Name Peter M. von Dysk, President-Zassi Medical Evolutions, Inc. Signature Date 1-21-04 Telephone (904) 291-2169 NOTE: Signatures of ell the inventors or assignace of record of the entire interest or their representative(s) are required. Submit multiple formal if more than one	I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) RECEIVER FEB 2 5 2004							
Date 1-21-04 Telephone (904) 291-2169 NOTE: Signatures of ell the inventors or assigned of the entire interest or their representative(s) are required. Submit multiple forms if more than one	SIGNATURE of Applicant or Assignee of Record							
Date 1-21-04 Telephone (804) 281-2169 NOTE: Signstures of ell the inventors or assignors of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one	(J.	c, President/- Zassi Medical Evolutions, inc.				CIVIER R3		
NOTE: Signstures of all the inventors or assignous of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one	Signature	wd						
NOTE: Signatures of all the inventors or assignous of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one	Date	1-21-01						
algaritation in the entire of the contraction of th								
Total or 1forms are submitted.								

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 end 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including subtrained preporting, and submitting the complete that form to the USPTO. Time will very depending upon the instinction design on the amount of time you require to complete this form and/or suggestions for returning this burden, should be sent to the Critic Information Officer, U.S. Palent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commitseloner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.